

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEA Advocacy Fund

ADDRESS (number and street) ▼

1201 16th Street NW Suite 418

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489815

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Edwards

Signature of Treasurer

Michael Edwards

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		1106386.34
(b) Cash on Hand at Beginning of Reporting Period.....	598478.65	
(c) Total Receipts (from Line 19)	2175000.00	2203974.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2773478.65	3310360.57
7. Total Disbursements (from Line 31)	1686974.52	2223856.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1086504.13	1086504.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2175000.00

2175000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2175000.00

2175000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2175000.00

2175000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

28974.23

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2175000.00

2203974.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2175000.00

2203974.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	391633.00
24. Independent Expenditures (use Schedule E)	220474.52	220474.52
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1410000.00	1611748.92
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1686974.52	2223856.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1686974.52	2223856.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2175000.00	2175000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2175000.00	2175000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	28974.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	-28974.23

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

This report is being amended in response to the RFAI dated July 17, 2016. Please note that an amended registration filed on January 5, 2016 inadvertently changed the name of the Treasurer. The registration has since been amended to correct the Treasurer's name, which has always been Michael Edwards. The original YE 2015 report was therefore filed under the correct Treasurer's name. In addition, IE B586308 has been corrected, changing the state of the IE from DC to IA, matching the corresponding 48 Hour Report filed on 10/26/15.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. National Education Association

Mailing Address 1201 16th Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEA

Occupation

Not Applicable

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175000.00

Date of Receipt

10 / 06 / 2015

Transaction ID : A2015-2972496

Amount of Each Receipt this Period

2175000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2175000.00

2175000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. America Votes Action Fund

Mailing Address 1155 Connecticut Ave NW Ste 600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : B583355

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. America Votes Action Fund

Mailing Address 1155 Connecticut Ave NW Ste 600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : B586580

Amount of Each Disbursement this Period

6500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

56500.00

56500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 16th Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
O-2015 Non-Fed Political Org-Natl DC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : B578576

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democrats for Public Education

Mailing Address 888 16th Street NW Ste 650

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
O-2015 Non-Fed Political Org-Natl DC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : B587780

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democrats for Public Education

Mailing Address 888 16th Street NW Ste 650

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
O-2015 Non-Fed Political Org-Natl DC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : B587781

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. American Bridge 21st Century

Mailing Address 455 Massachusetts Ave. NW Floor 6

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
O-2015 Non-Fed Political Org-Natl DC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : B592774

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Family Values

Mailing Address 642 S Fourth Street #300

City	State	Zip Code
Louisville	KY	40202

Purpose of Disbursement
O-2015 State Ind Exp Cmte KY

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Transaction ID : B583220

Amount of Each Disbursement this Period

300000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Family Values

Mailing Address P.O. Box 701374

City	State	Zip Code
Louisville	KY	40207

Purpose of Disbursement
State Ind Exp Cmte

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : B585853

Amount of Each Disbursement this Period

400000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

900000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Kentuckians for Economic Development

Mailing Address P.O. Box 4093

City	State	Zip Code
Lexington	KY	40544

Purpose of Disbursement
State Ind Exp Cmte

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Transaction ID : B585855

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentuckians for Honesty in Government

Mailing Address 1355 Bardstown Rd. Box 117

City	State	Zip Code
Louisville	KY	40204

Purpose of Disbursement
Non-Fed Political Org-State

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

Transaction ID : B586912

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pennsylvanians for Judicial Reform

Mailing Address 30 South 15th St. 15th Floor

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Non-Fed Political Org-State

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

Transaction ID : B585394

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Pennsylvanians for Judicial Reform

Mailing Address 30 S. 15th St. 15th Floor

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Non-Fed Political Org-State

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : B585872

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pennsylvanians for Judicial Reform

Mailing Address 30 S. 15th St. 15th Floor

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Non-Fed Political Org-State

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : B586908

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pennsylvanians for Judicial Reform

Mailing Address 30 S. 15th St. 15th Floor

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement
Non-Fed Political Org-State

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : B586124

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150000.00

1410000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dixon/Davis Media Group LLC

Nature of Debt (Purpose):

Production and shipping of TV ad;debt adj. per
final vendor invoice

Mailing Address 1028 33rd Street NW Suite 300

City State

Zip Code

Washington

DC

20007

Outstanding Balance Beginning This Period

11830.8

Transaction ID : D535535

Amount Incurred This Period

0.00

Payment This Period

11830.80

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gumbinner Davies and Simpson

Nature of Debt (Purpose):

Design, printing and postage for mail;debt adj.
per final vendor invoice

Mailing Address 2001 S Street Suite 301

City State

Zip Code

Washington

DC

20009

Outstanding Balance Beginning This Period

87499.30

Transaction ID : D535536

Amount Incurred This Period

0.00

Payment This Period

87499.30

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hopkins Sachs

Nature of Debt (Purpose):

Design, printing and postage for mail

Mailing Address 189 Liberty Avenue NE

City

State

Zip Code

Salem

OR

97301

Outstanding Balance Beginning This Period

86281.71

Transaction ID : D535537

Amount Incurred This Period

0.00

Payment This Period

86281.71

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2015		
Mailing Address 1730 Rhode Island Ave. NW			Amount 18897.06		
City Washington		State DC	Zip Code 20036		Transaction ID : B586308
Purpose of Expenditure Billboard production and leasing		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2015	
Name of Federal Candidate Hillary Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Dixon/Davis Media Group LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015		
Mailing Address 1028 33rd St. NW, Ste 300			Amount 11830.80		
City Washington		State DC	Zip Code 20007		Transaction ID : B593270
Purpose of Expenditure Adjusted payment of IE disseminated on 10/31/14, Trans ID B538807		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 18 / 2015	
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30727.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael Edwards</i>			Date M M / D D / Y Y Y Y Y Y 08 / 19 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Gumbinner Davies and Simpson			Date of Public Distribution/Dissemination MM / DD / YYYYYY 12 / 18 / 2015		
Mailing Address 2000 S Street, Ste 301			Amount 87499.30		
City State Zip Code Washington DC 20009		Transaction ID : B593271 Date of Disbursement or Obligation MM / DD / YYYYYY 12 / 18 / 2015			
Purpose of Expenditure Adjusted payment of I.E. disseminated on 10/17/14,10/22/14,10/27/14. IDs B537029, B537739, B537740		Category/Type 004		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Thom Tillis	
Calendar Year-To-Date Per Election for Office Sought 87499.30		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <input type="checkbox"/> Memo Item Hopkins Sachs			Date of Public Distribution/Dissemination MM / DD / YYYYYY 12 / 18 / 2015		
Mailing Address 1898 Liberty Avenue NE			Amount 50241.22		
City State Zip Code Salem OR 97301		Transaction ID : B593272 Date of Disbursement or Obligation MM / DD / YYYYYY 12 / 18 / 2015			
Purpose of Expenditure Payment for IEs disseminated on 10/17/14 and 10/23/14; Trans ID B537030, B537026		Category/Type 004		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Dan Sullivan	
Calendar Year-To-Date Per Election for Office Sought 50241.22		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			137740.52		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Michael Edwards</u>			Date MM / DD / YYYYYY 08 / 19 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					

Full Name of Payee Hopkins Sachs			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 18 / 2015</div> </div>		
Mailing Address 189 Liberty Avenue NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36040.49</div>		
City Salem	State OR	Zip Code 97301	Transaction ID : B593273 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 18 / 2015</div> </div>		
Purpose of Expenditure Payment of IE disseminated on 10/17/14; Trans ID B537027		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Bruce Braley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">36040.49</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Hopkins Sachs			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 18 / 2015</div> </div>		
Mailing Address 189 Liberty Avenue NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15965.65</div>		
City Salem	State OR	Zip Code 97301	Transaction ID : B593274 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>12 / 18 / 2015</div> </div>		
Purpose of Expenditure Payment of IE disseminated on 10/23/14; Trans ID B537031		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">27796.45</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52006.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">220474.52</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Edwards

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY

08 / 19 / 2016